STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lohbyist(s) Molly Williams			DEPARTMEN	
II. Name of lobhyist's partners!	nip, firm or corporation, if a	ny:		
(Name of partner	ship, firm or corporation)			
c/o 28 Liberty Ship Way, Suite		CA	C 4	
Business Address: (Street)	(Town/City)		CA	
415 903-2800	415 610-7604	(Sinte)	(Zip Code)	
(Telephone)	()	e-mail pfizer@po		
III. This statement covers: (Cho reportable expense transactions All reportable transactions occ	which are not attributable to	o any one client).		
 All reportable transactions occ Pfizer Inc. 	surring in the months prior to t	he reporting date relative to th	e following client:	
(Full Name OR) All reportable transactions by tunnelated to any particular client.	of Client as it appears on the Lob he lobbyist (including the lobb	•	firm listed below which a	
October 3	2018	July 25, 2018 [] activity from 4/1/18 to 6/30/18 January 30, 2019 [] activity from 10/1/18 to 12/31/	18	
V. There have been no fees re f this box is checked, complete jus Concord, NH 03301.	ceived and no reportable (this form ond submit it to the	transactions made since the Secretary of State's Office, St	ne last report. One House, Room 204,	
71. Check if additional reports a If you have received fees or ma		e Addendum A – Fees and Ex	nenses	
] If you have paid an honorariun expense Reimbursement	or reimbursed expenses, you	must file Addendum B Rep	ort of Honorariums or	
If you, your firm, or your famil	y has made political contribut	ions, you must file Addendun	n C- Political Contribution	
have read RSA 15 RSA 15-B, RS nd complete to the best of my kno Signature of lobbyist)	A 14-S and RSA 664 and her	eby swear or affirm that the fo	regoing information is tru	
Print Name of lobbyist)				